



*The Commonwealth of Massachusetts*  
*Executive Office of Public Safety and Security*  
*Department of Fire Services*

*P.O. Box 1025 ~ State Road*

*Stow, Massachusetts 01775*

*(978) 567~3100 Fax: (978) 567~3199*



STEPHEN D. COAN  
STATE FIRE MARSHAL

THOMAS P. LEONARD  
DEPUTY STATE FIRE MARSHAL

## Do you want to add an additional restriction to your company's MA Certificate of Registration ?

Type or print clearly. Complete all sections on this form, enclose your check or money order, and mail to the Licensing Desk, Office of the State Fire Marshal, P.O. Box 1025, Stow, MA 01775.

Check off the type(s) of service that you want to add to your company's Certificate of Registration. Attach a check or money order payable to the Commonwealth of Massachusetts (\$60.00 per restriction). Total enclosed \$ \_\_\_\_\_ (There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.)

Type 40 ☐ Self Serve (Motor Fuel) Facilities

Type 42 ☐ Portable Fire Extinguishers

Type 43 ☐ Engineered Fixed Systems

Type 44 ☐ Pre-Engineered Fixed Systems

Type 45 ☐ Hydrostatic Testing of Cylinders

Provide the name and phone number for the responsible person to contact for a shop inspection relative to this suppression work:

Name of contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT INFORMATION

Company Name: \_\_\_\_\_ Certificate of Registration: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Town/City

Employee(s) licensed for Type \_\_\_\_\_

\_\_\_\_\_ CC # \_\_\_\_\_

\_\_\_\_\_ CC # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_